

valvular affections, 15 had dilatation of the heart; 24 patients complained of a sensation of warmth; 29 cases had increased perspiration; 5 others local hyperidrosis; a number of cases showed periods of emaciation, alternating with times in which there was rapid increase of weight; 17 cases had polydipsia; 4 of these had also polyuria. In 45 per cent. of cases there were severe attacks of diarrhoea, with or without colic. Vomiting attacks occurred in some cases. The irritable cough, first observed by Charcot, was noted in 10 cases; in nearly all cases the breathing was rapid. This the author ascribes to a mild paresis of the respiratory muscles. In 4 cases there were choreic motions, although "choreic tremor" was not observed; 24 cases showed weakness of the voluntary muscles; temporary loss of strength ("giving way of the legs") was observed in 10. The reflexes were usually normal; in 6 cases they were increased; decreased in only 2. There was ankle-clonus in 2 cases. In 1 case the reflexes were similar to those in spastic pseudo-paralysis. Graefe's symptom was noted only 9 times, and was observed by the author in 1 out of 200 healthy persons examined for the purpose. Stellwag's symptom was present 16 times on both sides; 4 times on one side. Möbius's symptom, insufficiency of convergence, was noted in 9 cases; in 1 there was marked paresis of the internal recti with double vision. The pupil-reflex was usually more active than normal. The eye-grounds were normal. In 11 cases the cervical lymphatics were swollen; in 3 cases the spleen was enlarged; 34 cases were anæmic; 4 cases had albuminuria.

GANGRENE OF THE LEG IN TYPHOID FEVER.

F. DE QUERVAIN (*Centralblatt für inn. Med.*, 1895, No. 33) reports the case of a man twenty-five years old, who, in the defervescence of a moderately severe attack of typhoid fever, had a rise of temperature with pain in the right leg. These soon proved to be the early symptoms of thrombosis of the right popliteal artery. A combination of dry and moist gangrene followed. Later there were symptoms of thrombosis of the left femoral vein. The right leg was amputated at the lower part of the femur; recovery followed without accident. The right popliteal artery and vein contained laminated, partly organized thrombi, extending far down into the branches of both vessels. Just below the joint was a deep abscess, containing thick, tenacious, grayish-red pus with a peculiar, sour odor. The pus contained motile bacilli of various sizes, which gave all the cultural characteristics of the typhoid bacillus, not staining by Gram's method. There were no cocci. The author thinks the bacilli set up an arteritis, and that the phlebitis and abscess were secondary.

SECOND ATTACK OF DIPHTHERIA.

The general opinion that diphtheria not rarely occurs more than once in the same individual has recently been opposed by the physicians of the Children's Hospital in Basel. STOCKER, of Lucern (*Correspondenz-Blatt für Schweizer Aerzte*, 1895, No. 15), cites the following to show that exceptional instances to the contrary do occur: A boy of fourteen years had diphtheria eight years before, with extensive exudate, followed by severe nephritis and

paralysis of the velum. Two sisters, at the same time, had similar attacks and died of laryngeal stenosis. In September, 1894, the boy had an attack of diphtheria with exudate on both tonsils, half arches, and the uvula. There was albuminuria (0.15 per cent. albumin) lasting ten days. Two weeks from the onset the velum became paralyzed, and there was paralysis of accommodation in both eyes. Although the specific bacilli were not looked for the diagnosis of the author will no doubt be generally accepted. Less probable is his theory of the origin of the later attack, viz., in the setting free of germs left over from the former attack by repairs to the walls and floor of the house in which the patient lived.

TACHES BLEUÂTIÉS.

In a recent article on the above subject V. Y. BOWDITCH reviews the theories of the formation of these blue spots and records the result of observations on his own part. In nine cases under his own care he never failed to find the pediculus pubis, this confirming the original statement of Moursou that this parasite was always present.

The spots were found in a variety of diseases, not necessarily of a febrile character; they were seen most numerous in a fatal case of meningitis following an otitis media, and were seen also in typhoid, tuberculosis, gastroduodenitis, acute bronchitis, intermittent fever, and hysteria.

Most of the theories brought forward have been published before, but a new one, apparently not widely known and held by Revilliod, of Geneva, is certainly unique.

Revilliod believes the spots to be due to the excrement of the pediculus, which he states is an insect of very cleanly habits, and that during the night he leaves his usual seat at the root of the hair and deposits his feces in the adjacent parts of the body! Bowditch is inclined to believe that Moursou's original statement of the relation between the pediculus and the taches bleuâtiés is undoubtedly correct. [With this accords our experience at the Johns Hopkins Hospital, mentioned by Hewetson.—*Bulletin*, vol. v.]—*Boston City Hospital Reports*, 1895.

STOKES-ADAMS DISEASE.

FUCHARD states that this syndrome has been previously defined as "permanent slow pulse with attacks of syncope and epileptiform attacks;" he confines the term Stokes-Adams disease to the cases where the above symptoms are due to artero-sclerosis.

After a review of the subject and the recording of two new cases he comes to the following conclusions:

1. That under the name of "permanent slow pulse, with attacks of syncope, and epileptiform or apoplectiform seizures," there has been described a syndrome related to different morbid conditions, and that this erroneous nomenclature leads to grave errors in diagnosis, prognosis, and treatment.
2. That under the name of "Stokes-Adams disease" have been classed all the cases of cardio-bulbar artero-sclerosis, as well as those entirely different cases of permanent slow pulse of nervous origin.